MAR 26 1931

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 2443

Registered No. 4

1. PLACE OF DEATH
County Pike
Township
City Curryville (No. ..... St. ..... Ward)
Registration District No. 686
Primary Registration District No. 4410

2. FULL NAME Theresa Ann Kirk

(a) Residence. No. ..... St. ..... Ward.
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF John Kirk

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 12-1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	9	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 234
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pike Co.
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Wm L Robinson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ralls Co
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Elizabeth Herring
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pike Co
(STATE OR COUNTRY) Mo

14. INFORMANT Nannie Kirk Edwards
(Address) Elsberry, Mo.

15. FILED 2-5, 1931 D.F. Elmore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 28 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to Jan 27, 1931, that I last saw h. alive on Jan 27, 1931, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stenosis of the Mitral Valve
of the Heart
8 9 21 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J.B. Stockwell M. D.
1-29, 1931 (Address) Curryville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Centerville Cemetery	1-29-1931
20. UNDERTAKER	ADDRESS
Grace Bankhead	Bowling Green Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD